

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-20-04.

The following disputed dates of service were withdrawn by the requestor on November 10, 2004 and therefore will not be considered in this review:

CPT code 99070 for date of service 7/23/03;

CPT code 99211-25 for date of service 8/5/03; and

CPT code 99212-25 for date of service 8/19/03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the therapeutic exercises, group therapy, physical performance test/measurement, muscle testing, diathermy, massage therapy, unlisted modality, mechanical traction, office visits, chiropractic manipulative treatment, range of motion, and miscellaneous supplies/materials from 8/5/03 through 10/30/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, the request for reimbursement for dates of service 8/5/03 through 10/30/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 22nd day of November 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

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NOTICE OF INDEPENDENT REVIEW DECISION

October 7, 2004

Re: IRO Case # M5-04-3966

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Review 9/12/03
4. Report 1/224/03
5. Request to change treating doctor 7/8/03
6. Summary of provider's position 9/2/04
7. Medical dispute resolution 8/12/04
8. D.C. SOAP notes
9. Therapeutic procedures chart
10. D.C. Initial medical narrative report 7/22/03
11. TWCC work status reports
12. Lumbar ROM reports
13. Subsequent narrative reports 9/9/03, 10/30/03

14. D.C. Special testing reports
15. MRI report of lumbar spine 9/16/03
16. Referral letter 8/19/03
17. Report 8/21/03
18. Referral 9/11/03

History

The patient injured his lower back in ____ when he was lifting laundry bags. He was initially treated with medication and physical therapy. He then changed his treating doctor to the treating D.C. Treatment has included physical therapy, therapeutic exercises and chiropractic manipulation.

Requested Service(s)

Therapeutic exercises, group therapy, physical performance test/measurement, muscle testing, diathermy, massage therapy, unlisted modality, mechanical traction, office visits, chiropractic manipulative treatment, range of motion, miscellaneous supplies/materials 8/5/03 – 10/30/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient was previously placed at MMI in January 2003. He did not receive treatment from January through July 22, 2003. He was released to return to work in January 2003, but he did not return to work.

The patient's VAS on 7/22/03 was 5. After several intensive treatments with the D.C., the patient's pain was reduced to 3 and remained there throughout the disputed period, indicating that treatment was not successful in relieving the patient's symptoms. A VAS of 3 is considered to be minimal pain, and with a VAS of 3, the patient should have been placed on a home exercise program. The patient's subjective complaints did not correlate with objective findings in the records presented for this review.

Minimal pain levels, and the ability to perform Activities of Daily Living do not support continued treatment past 7/30/03. The lumbar range of motion testing did not correlate with the patient's subjective symptomatology. The D.C.'s treatment was over-utilized and inappropriate for a minor lumbar strain injury some seven months post injury.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.